



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 10/066,179 |
| Filing Date | February 1, 2002 |
| First Named Inventor | William A. Horne |
| Examiner Name | Minh Tam B. Davis |
| Art Unit | 1642 |
| Attorney Docket No. | 480140.428C1 |

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **635**

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|---------------------|-------------|---------------------|------------------|---------------------|----------------|
| | Fee (\$) | <u>Small Entity</u> | Fee (\$) | <u>Small Entity</u> | Fee (\$) | <u>Small Entity</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | <u>Small Entity</u> |
|--|----------------------------------|----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) |
| <u>6</u> | <u>-20 or HP = 0</u> | <u>0</u> |
| HP = highest number of total claims paid for, if greater than 20 | | |
| Fee Paid (\$) | Multiple Dependent Claims | |
| <u>0</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| | <u>180</u> | <u>180</u> |

| | | | |
|---|---------------------|-----------------|----------------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| <u>2</u> | <u>-3 or HP = 0</u> | <u>0</u> | <u>0</u> |
| HP = highest number of independent claims paid for, if greater than 3 | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|---|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| _____ | <u>-100 =</u> | <u>_____ /50 =</u> | <u>_____ (round up to a whole number)</u> | <u>_____ x</u> |

4. OTHER FEE(S)

| | |
|---|------------|
| Non-English Specification, \$130 fee (no small entity discount) | _____ |
| Other (e.g., late filing surcharge): <u>RCE Filing Fee</u> | <u>395</u> |
| <u>Petition for One Month Extension</u> | <u>60</u> |

SUBMITTED BY

| | | | | | |
|-------------------|--------------------------------|-----------------------------------|---------------------|-----------|--------------|
| Signature | <u>Carol D. Laherty</u> | Registration No. (Attorney/Agent) | 51,909 | Telephone | 206-622-4900 |
| Name (Print/Type) | <u>Carol D. Laherty, Ph.D.</u> | Date | <u>May 10, 2005</u> | | |